

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Christine Sherwood
Christine Sherwood

Appl No. : 10/019,563 Confirmation No. 8701
Applicant : Jan Otto Solem, et al.
Filed : July 1, 2002
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL
INSUFFICIENCY

TC/A.U. : 3738
Examiner : To be Assigned

Docket No. : 49989/MEG/E303
Customer No. : 23363

THIRD PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
October 10, 2003

Commissioner:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 11 of this paper.

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Name: Commissioner of Patents
Art Unit: 3738
Examiner: To be Assigned
Phone: (703) 306-5648
From: Mark Garsoia
Reg No. 31,953
Re: Application No. 10/019,563
Filed July 1, 2002
Entitled DEVICE AND METHOD FOR TREATMENT OF MITRAL
INSUFFICIENCY
File: 49989/MEG/E303

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Christine Sherwood
Christine Sherwood

*Correspondence: Amendment Transmittal Letter and Third Preliminary
Amendment

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Return to Christine Sherwood

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

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Christine Sherwood

Applicant : Jan O. Solem, et al.
Application No. : 10/019,563
Filed : July 1, 2002
Title : DEVICE AND METHOD FOR TREATMENT OF MITRAL INSUFFICIENCY

Grp./Div. : 3738
Examiner : To be Assigned

Docket No. : 49989/MEG/E303

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October 10, 2003

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Enclosed is an amendment to the above-identified application.

| CLAIMS AS AMENDED | | | | | | |
|---|---|-------------------------------|---------------------------|----------------------|----------------------|----------|
| | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
| Total Claims Fee | 40 | *38 | 2 | x \$9.00 | 2 x \$18.00 | \$36.00 |
| Independent Claims | 9 | ** 7 | 2 | x \$43.00 | 2 x \$86.00 | \$172.00 |
| Multiple Dependent Claims *** | | | | \$145.00 | \$290.00 | |
| TOTAL FILING FEE | | | | | | \$208.00 |
| NO ADDITIONAL FEE REQUIRED **** | IF NO FEE REQUIRED, INSERT "0" | | | | | |
| LIST INDEPENDENT CLAIMS: 11, 22, 23, 31, 32, 42, 48, 49 and 50 | | | | | | |
| * IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS" | | | | | | |

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:

**Amendment Transmittal Letter
Application N . 10/019,563**

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. A copy of this letter is enclosed.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garscia
Mark Garscia
Reg. No. 31,953
626/795-9900

MEG/cks

CKS PAS530932.1-*10/10/03 2:26 PM